

Action Plan for Arkansas

PRIORITY ONE: Create an integrated service system infrastructure for co-occurring disorders (welcoming, no-wrong-door system)						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Create an engaging & welcoming environment	Action 1.1.1 Identify key components of this environment through a consensus building process to include the “no wrong door” concept	Laurence H. Miller, M.D., Medical Director for DBHS	COSIG Advisory Committee, Mental Health Council and the Substance Abuse Treatment Providers Association	1) Clear description of “engaging and welcoming” environment distributed to all Behavioral Health Providers 2) Description to be reviewed periodically	1) Determine membership on consensus panel 2) Convene panel to identify key components 3) Develop document addressing key components	3/06 for initial outcome with subsequent completion dates to be determined
	Action 1.1.2 Develop & implement policy to outline these components	Pat Dahlgren, Director for DBHS	COSIG Advisory Committee with John Althoff & Sonny Ferguson	Policy incorporated into DBHS standards	Write policy outlining components	7/06
	Action 1.1.3 Monitor compliance through consumer satisfaction surveys and other methods	Pat Dahlgren, Director for DBHS	AMHPAC and John Althoff	1) Modification of current consumer satisfaction tool to include COD. 100% of all persons utilizing Medicaid to utilize current survey 2) Develop such tool for other service recipients	1) Identify question to determine if person has co-occurring disorder 2) Develop process and survey tools to monitor compliance	1) 7/06 2) 7/07
Strategy 1.2 Develop and implement a standardized screening and assessment protocol	Action 1.2.1 Identify appropriate tools and method of distribution	Carole Baxter, COSIG Project Director	Behavioral Health Programs	Each BH provider screens for COD utilizing the MHSF and TCU as revised by COSIG	Develop process to identify and evaluate tools determining most appropriate tools to use	11/05
	Action 1.2.2 Amend contracts/agreements to require use of identified tools	Pat Dahlgren, Director for DBHS	Rose Jones, John Althoff and Sonny Ferguson	2007/2008 contracts amended	Behavioral Health contracts reflect language requiring the use of the screening tools	7/06 SA 12/06 MH
	Action 1.2.3 Monitor compliance	Pat Dahlgren, Director for DBHS	Carole Baxter, COSIG, then DBHS Compliance Monitor	1% of audited admissions to BH will demonstrate compliance with contracts	1 st audit tied to COSIG effort and subsequent tied to DBHS compliance audits	Prior to 7/06 for initial audit with subsequent audits to begin 1/07

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Strategy 1.3 Develop training plan to support implementation of tools & monitor compliance	Action 1.3.1 Train all staff on need for/use of tools including how to be supportive to consumers during process	Carole Baxter, COSIG Project Director and COSIG staff	Michelle Ransom, M.D./ Ben Guise, M.D.	All BH program staff will be knowledgeable about and trained on screening tools	Exposure to training on tool through meetings and teleconferences	7/06
	Action 1.3.2 Develop ongoing training and supportive efforts on tools	Carole Baxter & COSIG staff	Dual diagnosis coordinator	Dual diagnosis coordinator will facilitate ongoing training and troubleshoot issues regarding tools and services	1) Training for all new staff 2) Ongoing updates for existing staff in BH programs, no less than annually	1) 2/05 2) Ongoing at least annually
	Action 1.3.3 Develop mechanisms to collect data from screenings/assessments and analyze it for compliance & trends	Pat Dahlgren, Director for DBHS	DBHS Data Manager	Use of database by BH programs to input screening/assessment results	1) Convene meeting to discuss data needed 2) Develop a mechanism to collect data 3) Develop process to review and analyze data on a regularly scheduled basis	1) 3/06 2) 7/06 3) 7/07
Strategy 1.4 Provide a full array of services	Action 1.4.1 Assess the current service capacity	Laurence H. Miller, M.D. & Carole Baxter	John Fortney, COSIG program evaluator	Review results for Behavioral Health Programs operating in Arkansas; repeat this making programs aware the results will be published	1) Analysis of PPG 2 nd survey results; 2) Distribution of results to BH programs for review & approval; 3) Finalize document for publication	1) 6/06 2) 8/06 3) 9/06 and as coordinated with efforts in Priority 3
	Action 1.4.2 Identify what comprises a full array of prevention and treatment services, using EBP models	Laurence H. Miller, M.D. & Carole Baxter	Bob Smith, Research Assistant for COSIG	Develop list identifying “full array” of services	1) Review models from other states 2) Present those models to the Policy Academy group; 3) Collate compendium of full array of prevention and treatment services	1) 7/06 2) 9/06 3) 12/06
	Action 1.4.3 Develop process to reconcile gaps between existing and desired services	Laurence H. Miller, M.D. & Carole Baxter	1) Bob Smith, Research Assistant for COSIG 2) Laurence H. Miller, M.D./Pat Dahlgren	Distribute results of reconciliation process	1) Reconcile current capacity with “full array” to identify gaps 2) Determine if gaps may be addressed via contract accountability or if additional programs need to be developed	1) 1/07 2) 3/07

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	Action 1.4.4 Develop mechanisms to reach desired services	Laurence H. Miller, M.D. & Carole Baxter	1) Pat Dahlgren 2) John Althoff	Establish committee to make recommendations on how to ensure a full array of services	1) Identify committee members, 2) Review results of process and 3) Determine alternative methods to attain goals	1)1/07 2) 3/07 3) 9/07
	Action 1.4.5 Provide training opportunities to providers on evidenced based practices, including cultural competence issues (See action 2.3.1)	Laurence H. Miller, M.D. & Carole Baxter	John Althoff, Sonny Ferguson	Training opportunities routinely provided via cost-effective methodologies	1) Training via electronic conferencing 2) Convene group to consider joint trainings and the development of an ongoing track on co-occurring disorders at Mid-South and Mental Health Institute 3) Contact appropriate speakers for Mid-South & Annual Institute	1) 9/05 2) 1/06 3) 1/06

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PRIORITY TWO: Develop competent workforce for co-occurring disorders						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Assessment of current workforce for co-occurring disorder	Action 2.1.1 Assess workforce	Joe Hill, Ben Guise, M.D. & Michelle Ransom, M.D.	DBHS and COSIG workgroup members	Identify/develop tool to access competencies of workforce	Access competencies	9/06
				Survey workforce for level of education, license and experience	Gather information from Public Sector Mental Health and Alcohol and Drug Facilities	9/06
Strategy 2.2 Identify desired competencies for caregivers in the field of COD	Action 2.2.1 Identify key competencies	Joe Hill, Ben Guise, M.D. and Michelle Ransom, M.D.	DBHS including ADAP and Mental Health and COSIG workgroup members	Define needed core competencies (basic, intermediate and advanced) to develop a well-prepared staff or counselors and clinicians in the field of COD	Review current standards of competence in the field of Co-Occurring Disorders (COD)	3/06
	Action 2.2.2 Create a single certification for both mental health & substance abuse caregivers in the area of COD.	Joe Hill, Ben Guise, M.D. and Michelle Ransom, M.D.	COSIG Advisory Committee with COSIG Licensure and Credentialing committee	Implement state requirements for certification in co-occurring disorder treatment.	Define state requirements for certification in co-occurring disorder treatment	9/06
Strategy 2.3 Make available training opportunities for COD	Action 2.3.1 See action 1.4.5					
	Action 2.3.2 Work with professional groups, academia and COCE to develop curriculum to facilitate successful certification and/or competency in the field of co-occurring disorder treatment.	Joe Hill, Ben Guise, M.D. and Michelle Ransom, M.D.	COSIG Advisory Committee with COSIG Licensure and Credentialing committee, Ben Guise, M.D. and Michelle Ransom, M.D.	Facilitate the implementation of the identified curriculum	Identify curriculum through technical assistance with COCE and local ATTC	9/06

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PRIORITY THREE: Create an education and marketing plan for the integration of alcohol and drug and mental health service delivery system						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Develop a communication plan targeting prevention and treatment for co-occurring disorders	Action 3.1.1 Develop talking points and public information tools	Roger Isbell, Bonnie White, May Poulin	May Poulin and Laurence H. Miller, M.D. with primary work group composed of consumers, family members, mental health and substance abuse providers	Stakeholders and general public will gain an understanding of co-occurring disorders and the effectiveness of integrated co-occurring treatment	1) Engage the primary work group to develop posters and brochures and other educational materials 2) Assemble and disseminate talking points to Behavioral Health Providers, Birch Tree Communities Art Dept., Public Schools Art Teachers, UALR Art Dept. or other college or university art departments	3/06 to coincide with Priority One 1.1.1
	Action 3.1.2 Target support of key stakeholders to provide education and information (mental health providers, substance abuse providers, consumers, families, advocacy groups)	Roger Isbell, Bonnie White, May Poulin	May Poulin and Laurence H. Miller, M.D. with sub-workgroup composed of prevention and treatment specialist, family and consumers and other interested parties	A coalition composed of key stakeholders committed to the prevention and treatment of co-occurring disorders	1) Materials will be assembled for the presentations to be given to targeted audiences. 2) Teams of presenters will be named. (NAMI, AMHPAC, with providers and/or administrators) Stakeholder and advocacy organizations will have agreed upon tentative dates to receive presentations from the implementers (Advocacy Groups, Mental Health and Substance Abuse Providers, GAIN, NAMI, Mental Health Council, etc.)	8/06 and ongoing to follow Priority One timeline.

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	Action 3.1.3 Develop tool kit	Roger Isbell, Bonnie White, May Poulin	Laurence H. Miller, M.D. and Bob Smith with others from primary work-group as needed	Tool kits will be available and utilized on a statewide basis and reviewed and updated periodically	Tool kits will be assembled including a video, brochures, posters, welcoming statements, etc.	8/06 and ongoing to coincide with presentation timeline.
Strategy 3.2 Build community and political support, advocacy and action	Action 3.2.1 Mobilize key stakeholders in accomplishing the mission, (judges, corrections, criminal justice, legislators, Governor’s Office, consumers, advocates and faith based community)	Roger Isbell, Bonnie White, May Poulin	Pat Dahlgren and Joe Hill with AMPAC, NAMI and members of the Policy Team	Understanding and strong support by all stakeholders	1) Make contact with all who are listed in the action step to engage their interest and/or support 2) Communicate actions and results to the Governor’s Office, and DHHS Office and gain their public support	10/06 to coincide with National Mental Illness Awareness Week and National Recovery Month
Strategy 3.3 Develop a professional media and marketing plan	Action 3.3.1 Identify professional media experts to support statewide campaign	Roger Isbell, Bonnie White, May Poulin	Roger Isbell, May Poulin, Bonnie White, Substance Abuse representatives and DHHS communications section	Stakeholders and general public will gain an understanding of co-occurring disorders and the effectiveness of integrated treatment	The press will be engaged in getting the COSIG statewide effort in the news	10/06 to coincide with Action 3.2.1.

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PRIORITY FOUR: Develop financial options						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Assess utilization of existing resources	Action 4.1.1 Identify current resources and how they are being used	Roy Jeffus, Pat Dahlgren	John Althoff & Carole Baxter	Report of all current resources will be available for future planning	Review information gathered by COSIG committee	1/06
	Action 4.1.2 Research other methods of resource utilization (commingling of funds)	Roy Jeffus, Pat Dahlgren	John Althoff & Carole Baxter	Committee will have better understanding of current resource utilization	Review information gathered by subcommittee and develop report if not already done	1/06
	Action 4.1.3 Develop a report documenting the funding streams, authority, opportunities & limitations	Roy Jeffus, Pat Dahlgren	John Althoff & Carole Baxter	Committee will have report that provides information to guide decision making	Review information gathered by subcommittee and develop report if not already done	1/06
Strategy 4.2 Identify opportunities for change...including reallocation	Action 4.2.1 Pursue other funding partners, grants and other sources	Roy Jeffus, Pat Dahlgren	John Althoff/Staff & Joe Hill/Staff	Research and report funding opportunities to committee	Have appropriate staff research and review federal grant opportunities	2/06 & ongoing
	Action 4.2.2 Utilize Medicaid & other financial resources to affect change	Roy Jeffus, Pat Dahlgren	John Althoff & Joe Hill	Make recommendations for change to committee	Consult with CMS on using blended funds for Medicaid matching purposes	4/06
	Action 4.2.3 Pursue legislation for budgetary purposes (co-occurring programs)	Roy Jeffus, Pat Dahlgren	Roy Jeffus, Pat Dahlgren	Make appropriate budget request	Identify legal requirements for MA and SA legislative and budget needs	6/06 & ongoing

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PRIORITY FIVE: Create a system of continuous quality improvement						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Develop data mechanisms that will provide evidence of program effectiveness through the use of periodic outcome evaluations and consumer satisfaction assessments.	Action 5.1.1 Design centralized data collection system to track providers` progress toward meeting outcome performance measures	Ken Hales, Albert L. Kittrell, M.D.	Pat Dahlgren, Director Division of Behavioral Health Services	DBHS will develop a state-of-the-art centralized database that will be used to monitor the progress of the DBHS Policy Academy Co-occurring Initiative.	1) Identify most appropriate agency to manage database 2) Identify data fields to collect/monitor 3) Identify best data management system	03/06 06/06 06/06
	Action 5.1.2 Collaborate with Research and Training Institute to develop an infrastructure and a research plan for Division of Behavioral Health Services	Ken Hales, Albert L. Kittrell, M.D.	Laurence H. Miller, M.D.	Active research will occur on a continuing basis that will identify and assist in implementing best practices for COD in Arkansas	1) Identify potential funding for research activities 2)Employ researchers with protected time to analyze data and conduct research	03/06 12/06
Strategy 5.2 Develop a plan to transition providers to EBP	Action 5.2.1 Identify EBP for that service provider	Ken Hales, Albert L. Kittrell, M.D.	Ben Guise, M.D.	Evidenced based practice will drive provision of services	1) Compile a list of EBPs used in other states 2) Identify training needs of each service providers	11/06
	Action 5.2.2 Identify training plan and TA needs	Ken Hales, Albert L. Kittrell, M.D.	Laurence H. Miller, M.D.	DBHS will maintain a funded resource for TA and training	1) Identify available `faculty` for training 2) Set training schedule	07/06
	Action 5.2.3 Revise contracts to tie funding to performance	Ken Hales, Albert L. Kittrell, M.D.	Pat Dahlgren, Director of DBHS	State-funded providers will utilize only EBPs Contract language will be modified to explicitly state expectations of providers and compensation will be linked to compliance with the contract	1) Identify best available method to evaluate outcomes for employed EBPs 2) Monitor performance regularly using an objective instrument(s)	06/07

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	Action 5.2.4 Develop protocols & capacity for auditing	Ken Hales, Albert L. Kittrell, M.D.	Laurence H. Miller, M.D.	An entity will audit (site-visit?) providers on a periodic basis to ensure that DBHS standards are met and maintained	1) Identify an individual or group to take the lead on this issue 2) Identify an appropriate mechanism to monitor compliance	03/07 06/07
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	
					1) Chart timeline 2) Request technical assistance in the areas of: Creative financing Marketing/Public relations	

¹ The Manager is the individual responsible for coordinating each action.

² The Implementer is the individual (or entity) responsible for carrying-out each action.